

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**1600 9th Street, Room 420 ~ Sacramento, California 95814

Phone (916) 654-3362

FAX (916) 654-2973

www.oshpd.state.ca.gov/fdd



Application for Seismic Evaluation Report and/or Compliance Plan Review and/or Request for NPC or SPC Upgrade

A	Name of Facility:			Email:			OFFICE USE ONLY	
	Street Address:			Phone:				
	City:			County:			Package #:	
	Zip:			FAX#:			Facility I.D. #:	
B	Name of Facility Representative/Administrator:						SUBMITTAL	
	Email:							
	Mailing Address:							
	City: State: Zip:							
	Phone:							
	FAX#:							
C	Application Submitted by:							OSHPD RECEIPT STAMP
	Name:							
	Signature:							
	Title:							
D	Address:							Fee Submittal: Filing Fee.....\$250.00
	City: State: Zip:							
	Phone #: FAX #:							
	Who is to be known as: <input type="checkbox"/> Legal Owner/Administrator							
	<input type="checkbox"/> Agent for the Legal Owner/Administrator (Authorization must be attached)							
	Type of Project: <input type="checkbox"/> Seismic Evaluation Report <input type="checkbox"/> NPC Upgrade <input type="checkbox"/> Other _____ <input type="checkbox"/> Compliance Plan <input type="checkbox"/> SPC Upgrade <input type="checkbox"/> Other _____							
Method of Payment:							Method of Payment:	
<input type="checkbox"/> Send Invoice to: <input type="checkbox"/> Administrator <input type="checkbox"/> Legal Owner <input type="checkbox"/> Agent for Legal Owner/Administrator								
<input type="checkbox"/> Check – Made payable to OSHPD								
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover/Novus								
Account Number: _____ Expiration Date: _____								
Billing Address: _____ Phone: _____								
City: _____ State: _____ Zip Code: _____							Card Holder's Name: _____ Signature: _____	
Card Holder's Name: _____ Signature: _____								

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E	Name of Facility (from front page):	Package #
F	Enclosed with this application are the following documents: <input type="checkbox"/> Seismic evaluation report (8 1/2" X 11") <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Geotechnical/Geohazards Report Date Sent : _____ (Only if submitted separately from the evaluation report) <input type="checkbox"/> Compliance Plan (8 1/2" X 11") Date Sent : _____ (Only if submitted separately from the evaluation report) <input type="checkbox"/> Plans: _____ <input type="checkbox"/> Upgrade Request - from NPC _____ to NPC _____ <input type="checkbox"/> Upgrade Request - from SPC _____ to SPC _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	
G	Seismic Evaluation Report and/or Compliance Plan prepared by the following: Check discipline in general responsible charge of the project <input checked="" type="checkbox"/> Architect – Firm: <input type="checkbox"/> Individual Responsible: _____ Reg. #: _____ Alternate: _____ Reg. #: _____ Address: _____ Phone #: _____ City: _____ State: _____ Zip: _____ FAX #: _____ Structural Engineer – Firm: <input type="checkbox"/> Individual Responsible: _____ Reg. #: _____ Alternate: _____ Reg. #: _____ Address: _____ Phone #: _____ City: _____ State: _____ Zip: _____ FAX #: _____ Geotechnical / Geohazards Report – Firm: <input type="checkbox"/> Geotechnical Engineer – Soils: _____ Reg. #: _____ Engineering Geologist: _____ Reg. #: _____ Address: _____ Phone #: _____ City: _____ State: _____ Zip: _____ FAX #: _____	

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**INSTRUCTIONS FOR
Application for Seismic Evaluation Report and/or Compliance Plan Review
and/or Request for NPC or SPC Upgrade
(OSH-FDD-383)**

Do not write in Office Use Only area on this application.

- A Enter name as it appears on the facility license. Enter email address, street address, city, county, zip code, phone number and fax number.

Enter the name of the Facility Representative/Administrator, email address, phone number, fax number, city, state, and zip code. Copies of all correspondence will be sent to the Facility Representative/Administrator. If no Facility Representative/Administrator address is entered, copies of all correspondence will be sent to the Facility address as indicated on the license to the attention of Facility Administrator.

Plans returned for correction or stamping will be sent to the Architect or Engineer in general responsible charge of the project as indicated in Section G.

Enter the name, phone number, mailing address, city, state, and zip code of the Legal Owner.

- B Type of project – check whether the application includes a seismic evaluation, compliance plan, request for NPC Upgrade, SPC Upgrade, or other including a description of documents being sent.
- C This application for evaluation or compliance plan submittal and review is to be signed by the legal owner or administrator of the facility, or authorized agent. Indicate in the appropriate boxes the name, signature, title, address, phone number, city, state, zip and fax number of the applicant. Additionally, check the box for “Who is to be known as.”
- D Fee - The fee for joint submittal of the Seismic Evaluation and Compliance Plan is \$250.00 (nonrefundable). If the Seismic Evaluation and the Compliance Plan are submitted separately, an additional nonrefundable fee of \$250 is required. All fees, plans and reports shall be submitted by the applicant to OSHPD's Facilities Development Division at the following address:

Office of Statewide Health Planning & Development
Facilities Development Division – Hospital Seismic Retrofit Program
1600 9th Street, Room 420
Sacramento, California 95814

The applicant shall be billed for the costs of all Seismic Evaluation and Compliance Plan review and approval performed by OSHPD at OSHPD's actual cost for engineering and architectural review. The applicant shall be reimbursed for these costs when the construction documents for the compliance plan work are submitted to OSHPD for review. The reimbursement shall be in the form of a deduction from the total cost for review of the construction documents by the amount paid by the applicant for review and approval of the Seismic Evaluation Report and Compliance Plan.

- E Enter the name of the facility from Section A on Page 1.
- F Indicate the documents enclosed on application form.
- G For each discipline, provide the name of the individual in responsible charge of the project, his/her registration number, an alternate person to contact, his/her registration number, the address, phone number, city, state, zip code and fax number for the firm. Additionally, check the box for the discipline, which is in general responsible charge of this project.